

Newsletter of the Southern Gauteng Branch of the Pharmaceutical Society of South Africa and Associated Sectors

Edition 6/December 2022



I would like to express my gratitude to the South African Association of Community Pharmacist (SAACP) Southern Gauteng Branch Committee members, the Board of Directors of SARCDA Trade Exhibitions (Pty) Ltd, Branch Office Administrator, Ella Edelstein, all the SAACP National Executive Committee members, the PSSA and all pharmacists in South Africa.

To the SAACP SG Branch Committee, thank you to our team members who selflessly put their schedules and individual priorities on hold over and over again to ensure that they make a meaningful difference with dedication and commitment.

We retain our steadfast devotion to our core values of integrity, excellence, reliability, commitment, respect and serving the pharmacy fraternity.

We faced significant challenges in 2020 and 2021 due to the Covid-19 lockdown restrictions with our company, SARCDA where hard decisions had to be made, but thankfully we weathered the storm and came out stronger at the other end. SARCDA is now revived and growing from strength to strength. Our commitment to this organisation continues to make a real difference.

What's more important is our team's adaptability which continues to bear fruit even during these tough times with loadshedding and interest rate hikes. We burn the candles, forging forward in the dark, and we continue with our Zoom meetings. That's true resilience.

Moving forward to 2023 we have a blueprint that is in planning and know that we will achieve our goals in bettering the lives of independent community pharmacists, and we ask our colleagues to join us on the battlefield and fight for the rights of pharmacists.

I wish you all a very happy ending to 2022 and the very best for the year ahead. Have a blessed festive season and a prosperous new year.

Tintswalo Winny Ndlovu. Chairman, SAACP SG Branch Chairman, 2022



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SARCDA Africa 2023

2022 comes to an end.

It's hard to believe that the Christmas season is already upon us, and most of us are preparing for a well-deserved rest. As we reflect on 2022, the first year that the Exhibitions were able to take place since the COVID pandemic, we are overwhelmed with feedback we received from buyers and exhibitors.

The sentiment at the exhibition was that it felt good to be back and interacting with each other face to face, building new relationships and rekindling existing ones. While they appreciated our online platform during Covid, they were unanimous that it could never replace the one-on-one interactions that a live exhibition offers.

SARCDA remains the only gift, toy, décor and design trade show on the continent, and an invaluable platform for exhibitors and buyers.

SARCDA Africa 2023 will take place at Gallagher Convention Centre from 8 – 10 March, 2023. We invite you to visit the exhibition by registering as a trade buyer, at www.sarcda.co.za before coming to the exhibition, as we will not be accepting walk-in registrations at the exhibition.

Thank you for your support in 2022, may your holidays and new year be filled with joy. We look forward to seeing you at SARCDA Africa 2023.







Tick-borne DISEASE IN SOUTH AFRICA



by Wilna Rabbets, BPharm

In South Africa, ticks are mainly responsible for tick bite fever. Recently, there have also been cases of Crimean Congo Haemorrhagic Fever (CCHF). Other tick-borne diseases like Tick Borne Encephalitis (TBE), Lyme disease, and Relapsing Fever (borreliosis), are found in areas in Europe, North and South America, central Asia, the Mediterranean and the Middle East.

The diseases spread through the bite of a tick infected with one of the rickettsia bacteria, are often referred to as spotted fevers or tick bite fevers. There are 2 types of tick bite fever that occur commonly throughout sub-Saharan Africa and South Africa. They are boutonneuse fever-like tick bite fever (TBF or also referred to as BFL-TBF), caused by *Rickettsia conorii*, and African Tick Bite Fever (ATBF), caused by *Rickettsia africae*.

BFL-TBF

- The disease is transmitted by dog and kennel ticks (Haemaphysalis elliptica and Rhipicephalus simus) in a periurban or peridomestic setting, with dogs, rodents and ticks themselves forming the reservoir.
- Incubation is usually 5-7 days.
- It presents with a consistent prodrome with malaise, headache (which is often severe), fever and body pains, and painful and swollen lymph glands. Also reported commonly are nightmares.
- An eschar is the primary lesion and marks the site of attachment of the infected tick and consists of a central necrotic area surrounded by inflamed skin. The eschar is not always obvious and may be under the hair on the scalp, behind the ear, in the anogenital area, or on other obscure body sites.
- About 3 days after the onset of symptoms, a generalised coarse maculopapular rash appears; its distribution typically includes the palms of the hands and soles of the feet.
- Presentation can range from mild to severe; fatalities have been reported.
- Complications include encephalitis, confusion or coma, pneumonia, pulmonary embolism following deep vein thrombosis, consumptive coagulopathy, bleeding, gangrene, hepatorenal failure and myocarditis.

ATBF

• The disease is transmitted by cattle

and game ticks (*Amblyomma hebrae-um* in southern Africa) in rural settings such as rural farming and game reserve areas.

- Incubation is 5-10 days.
- The prodrome is similar to that of the *R. conorii* infection, being characteristic but not always consistent.
- Distinguishing features are multiple eschars, tender regional lymphadenopathy, rashless illness, or only scattered and/or vesicular rash elements, and rarely purpuric.
- Milder disease without life-threatening complications

Diagnosis, Treatment and Prevention of tick bite fevers

The triad of fever, eschar, and rash occurs in 50-75% of cases of TBF but can also present atypically with the rash resembling other disease rashes and the eschar sometimes presenting as an infected insect bite or other skin trauma. Malaria is an portant differential diagnosis of the non-specific prodrome, especially in travellers.

Because TBF can be severe if left untreated, treatment should not be delayed. Doxycycline is the drug of choice and is highly effective in treating TBF. A clinical response, with symptom relief, can be expected within 48 hours. For adults, doxycycline 100 mg *bd* for five to seven days is recommended. For children less than 8 years of age and pregnant women, an initial day or two of doxycycline treatment should be followed by 3–5 days of a macrolide.

Crimean-Congo Haemorrhagic Fever (CCHF)

CCHF virus causes severe viral haemorrhagic fever. Patients present with fever, myalgia, headache, back and stomach pain, a petechial rash, photophobia, and bleeding. The incubation period is 1-3 days, and the onset of symptoms is sudden. Most patients recover, but up to 30 % develop severe illness in the second week with multi-organ failure and a risk of death.

The disease is rare in humans in South Africa and typically only a couple of cases are reported each year. The virus is transmitted through the bite of the "bontpoot tick" (hyalomma tick) and through contact with infected animal tissues or blood. For that reason, CCHF is mostly reported in farmers, veterinarians, abattoir workers, and hunters. Being a viral disease, treatment is primarily supportive, and it is therefore important to prevent tick bites.

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As is true in most cases, prevention is better than cure, and that is especially true in the case of tick-borne diseases. Recognising the symptoms and prompt medical care coming a close second.

REFERENCES AVAILABLE ON REQUEST



END-OF-YEAR MESSAGE PSSA SOUTHERN GAUTENG (SG) BRANCH.



2022 saw an end to lockdown and compulsory mask wearing; just as we had found new ways of working and going about our lives, the masks came off and we found ourselves free to return to "normal" as we knew it. If there is one certainty or a measure of comfort to be derived from all we have been through, it is that we are adaptive - we may object or do it grudgingly, but we adapt to keep going.

And keep it going, we did. Pharmacy in every sector persevered; this was the year that keeping it going since 2020 probably caught up with some. Pharmacists never really went into lockdown, while others discovered their inner master chef and bread making skills, pharmacists kept it going, whether in hospitals or community pharmacies, universities, manufacturing, wholesale and distribution.

Pharmacists are probably in need of some well deserved rest and relaxation, after 3 years of keeping it going. It is my wish that all those pharmacists who have pushed and slogged during this time, will take a meaningful break, to find themselves again, to rest, recover and re-energise. The value of a refreshing break, keeping fit and healthy, both physically and mentally, must not be overlooked. If, as a profession, we are to rise to the occasion every time a pandemic or similar strikes, we are strongest if we are rested, fit, healthy, and mentally and physically agile. As the year draws to a close, please be cognisant of this and make time to rest and relax.

2022 is also the year that the sale of the 52 Glenhove building and the conferencing business was announced, and that Aspen has kindly agreed to take over and curate the National Pharmacy Museum and the library. It would be remiss of me to not acknowledge Val Beaumont for the pivotal role she has played in negotiating and navigating the sale, and Lynette Terblanche for arranging the move of the museum and library. Thank you both, for your invaluable contributions.

We look forward to what 2023 holds in store for us as a Branch, and we are excited to see what it brings: new premises, new opportunities.

Many thanks to the staff at the Branch and the members who serve passionately and tirelessly on the Southern Gauteng PSSA, SAAHIP, SAAPI, Academy and SAACP branches' and sectors' committees – your efforts keep the branch going strong.

I wish all our members and readers a safe and blessed festive season. For those fortunate to be taking a break, I wish you a restful time, and for those who will continue to serve, I thank you for your contribution to health and the pharmacy profession. I am excited for 2023 with all its new opportunities.

Blessings and happiness to all.

Thanushya Pillaye, Chairman, PSSA Southern Gauteng Branch.









It feels like yesterday that I sat down to write the 2021-year end message and here we are again. 2022 has been one of the busiest years yet for The SA Association of Pharmacists in Industry (SAAPI.) We have delivered many workshops this year covering manufacturing, quality, and regulatory topics, but the highlight for me was our 2022 SAAPI Conference where we had the opportunity to connect face-to-face and listen to presentations covering a wide variety of topics. What a pleasure to network with one another and with SAHPRA (the SA Health Products Regulatory Authority) colleagues for the first time in 2 years.

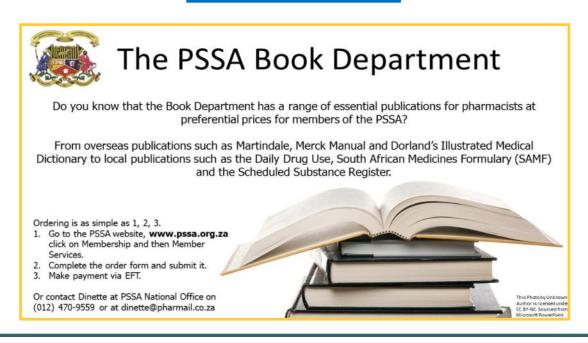
Our subcommittees were also hard at work commenting on new guidelines and regulations, building connections with our academic colleagues, and extending our reach digitally. I am very blessed to work with an amazing SAAPI EXCO, Executive Director, and Executive Assistant. They are dedicated to supporting our members and making our Association successful. To all these dedicated souls, thank you, thank you, thank you.

I would like to invite you all to join us in raising the bar for our association in 2023 and I challenge all our young pharmacists in industry to step up and be involved in 2023.

I want to personally extend my sincere thanks to each and every one of you for making 2022 the success that it was.

I want to wish you and your families all a very safe and very blessed festive season. Rest and come back ready for an even more amazing 2023.

Warm regards Gina Sophia Juliana Partridge.





We had some challenges to overcome, including several loadshedding sessions, which impacted on the schedules and plans of the Editorial Board to meet online, and many of the meetings had to be continued via email correspondence, leading to delays in finalising and publishing of the GM editions.

Thanks are extended to my fellow Board members and Committee representatives for their submission of interesting and informative material that kept our readers up to date with current events and developments in the pharmaceutical industry's affairs - from the PSSA, SA Association of Community Pharmacists (SAACP), and SAAHIP Southern Gauteng (SG) Branches, and the SAAPI and Academy Sectors; these contributions made for very readable and enjoyable editions, and messages of recognition and

END-OF-YEAR MESSAGE.

As another year is coming to its conclusion and we struggle to complete all our tasks and business in time before everything closes, it pleases me to send this message of appreciation to the members and other readers of The Golden Mortar (GM) for their continuing interest in our Newsletter of the PSSA and its associated Branches and Sectors.

praise were gratefully received.

Sadly, we felt the loss of Ray Pogir both as a person and as an astute participant and knowledgable advisor in the processes and deliberations of The GM. Other prominent leaders in local pharmacy affairs who had passed on were remembered in special tributes.

Special thanks are due to our Secretary and compiler of each edition, Ms. Cecile Ramonyane, with whom I cooperated through several drafts to produce clean and presentable publications.

Dave Sieff, Chairman, on behalf of the Editorial Board.



Professional Indemnity Insurance

You should be aware that pharmacists in all spheres of Practice require Personal Indemnity Insurance. Not to have it is simply not an option – it is a requirement of the South African Pharmacy Council.

PSSA offers its members access to the essential cover at very competitive rates through the Professional Provident Society.



For further details please contact Nikita at the PSSA National Office on (012) 470-9557 or at Nikita@pharmail.co.za

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The Editor reserves the right to amend punctuation or text for correctness, and to summarise where necessary.

We welcome all contributions and as space permits, these will be published.

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The Editorial Board acknowledges, with thanks, the contributions made by the SA Association of Community Pharmacists (SAACP) Southern Gauteng Branch, to the production of this newsletter.

